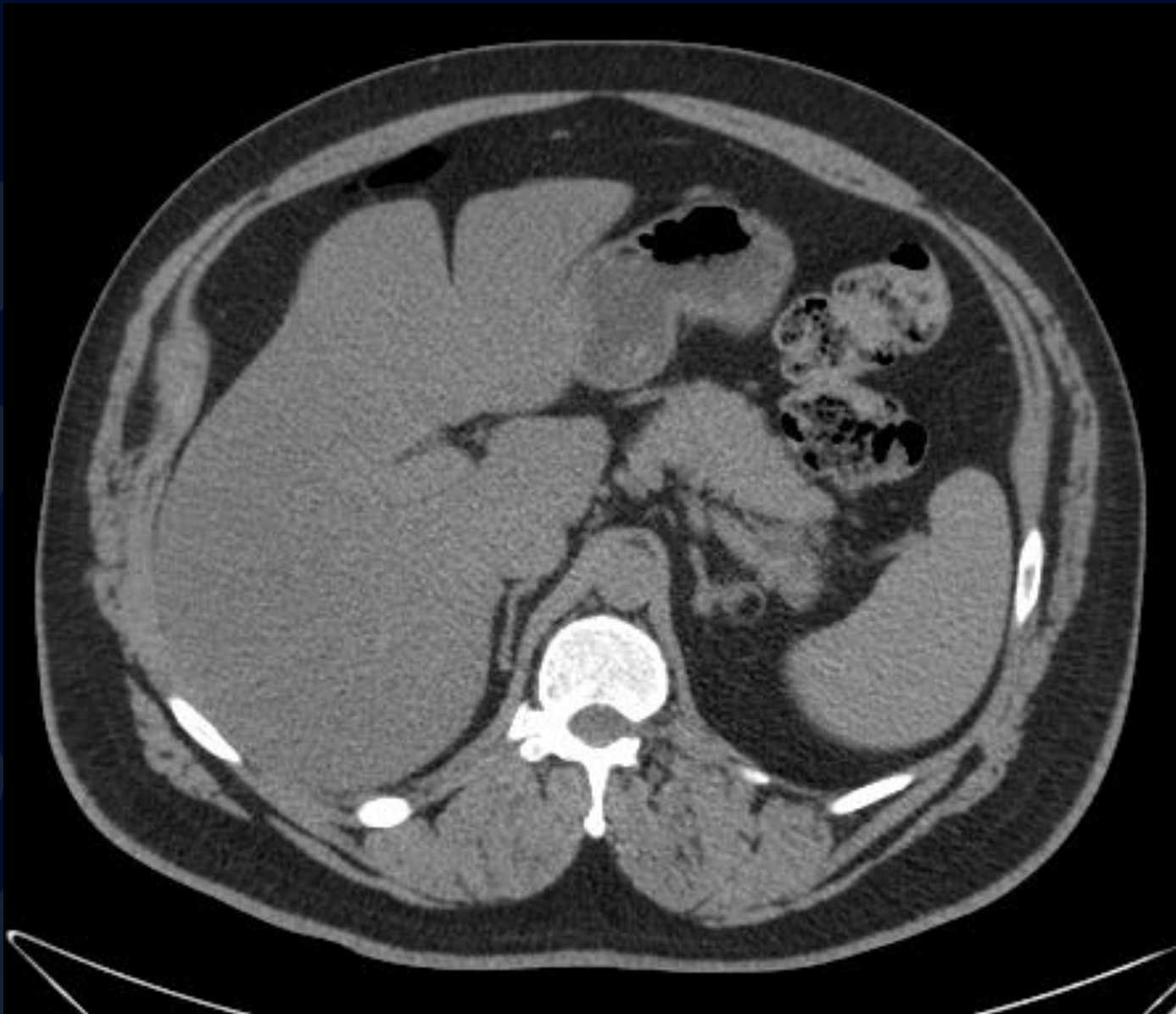


49M Incidental Finding

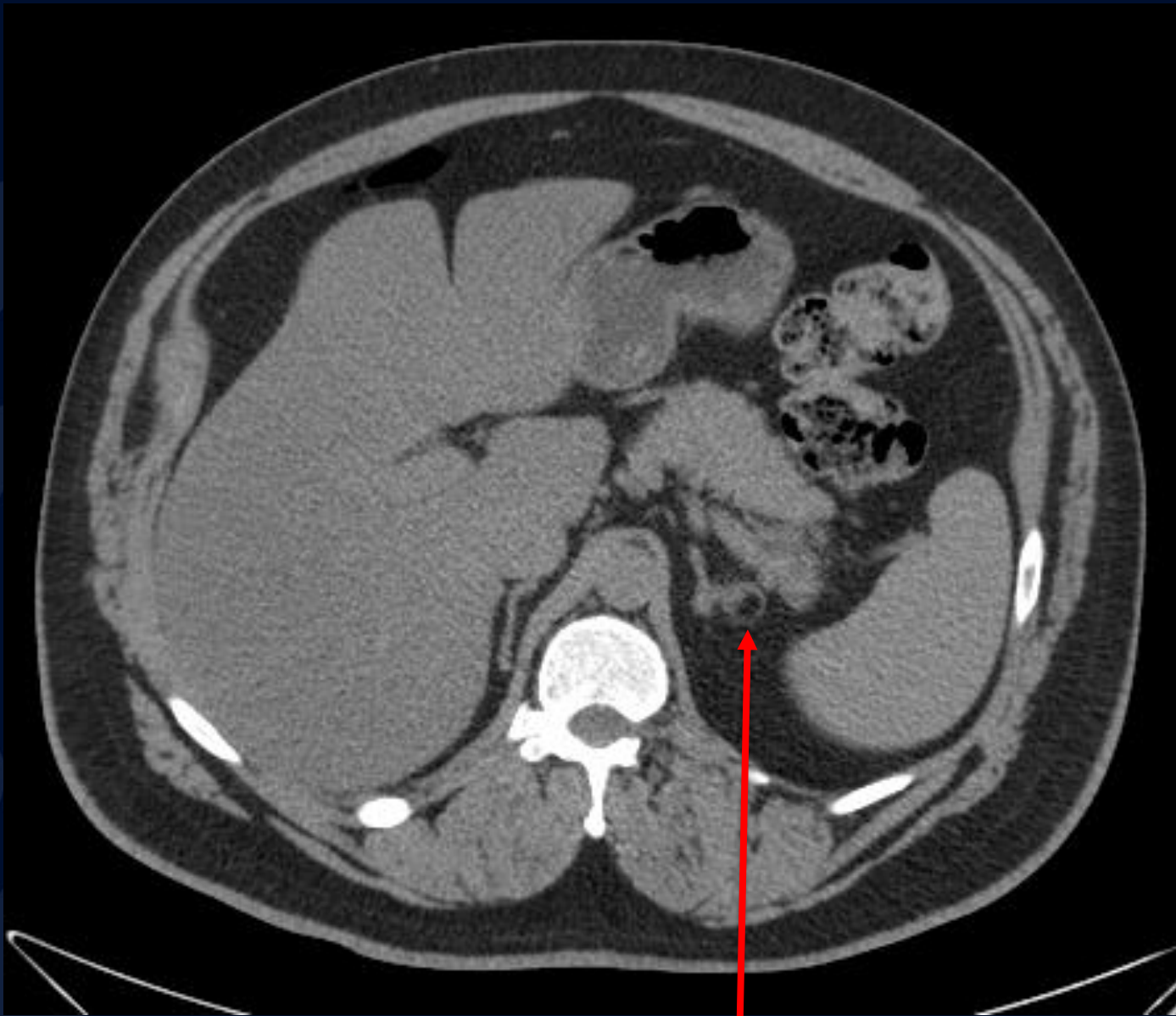
Krithika Srikanthan, MD



A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. It features detailed vein patterns and a lobed edge.

?

Adrenal Myelolipoma



Fat containing lesion + Pseudocapsule

CT Findings

- Fat attenuation (-30 to -90 HU): Fat within tumor is diagnostic
- Well-defined mass with recognizable pseudocapsule (remaining adrenal)
- Punctate calcifications (24% of cases)
- Coronals helpful to differentiate from exophytic renal angiomyolipoma
- Usually 2-10 cm
 - Larger tumors can bleed spontaneously
- Usually adrenal, but extra-adrenal myelolipomas occur

Adrenal Myelolipoma

- Uncommon
 - Autopsy prevalence rate of 0.2-0.4%
 - 7-15% of adrenal "incidentalomas"
- Benign, nonfunctioning adrenal tumor - mature fat tissue and hematopoietic elements (myeloid and erythroid cells)
- Unilateral
- Older: 50-70yo
- Etiology unknown
- Presentation
 - Asymptomatic: Usually incidental finding
 - Symptomatic: Flank pain due to rupture/hemorrhage; case reports of hormonally active tumors
- Biopsy reserved for larger, atypical lesions
- Rx:
 - nothing for < 5-7cm
 - Surgery for larger, symptomatic, atypical lesions

References

1. Statdx
2. <http://www.ajronline.org/doi/full/10.2214/ajr.179.3.1790559>
3. <http://www.sciencedirect.com/science/article/pii/S0720048X07006006?via%3Dihub>